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## ABSTRACTS

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### A CASE REPORT OF A BILATERAL GIANT EMPHYSEMATOUS BULLAE DEVELOPING INFECTIOUS INTRA-BULLOUS FLUID RETENTION AND THEN SPONTANEOUS PNEUMOTHORAX

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A 66-years old retired businessman with bilateral giant emphysematous bullae was admitted because of fever, cough, dyspnea and right chest pain. On admission, the radiological examination showed the sign of pulmonary infection with intra-bullous fluid retention in the right upper lobe. The pneumothorax which developed to severe respiratory failure was induced by thoracentesis done in order to aspirate the fluid. After continuous air aspiration by means of No. 8 Nelaton's Catheter for 10 days, the pneumothorax was cured, and at the same time, the infected giant bullae shrunk with surrounding lung tissue. About 2 months later, the patient was discharged.

After about 3 months life at home, another spontaneous pneumothorax in opposite side (left) with severe respiratory failure occurred. As the sufficient re-inflation of the left lung was not able to be obtained, in spite of energetic continuous air aspiration for 3 weeks, the thoracotomy and ligature of the punctured bullae were performed successfully under very poor risk condition. In relation to this interestingly proceeded case, some points about the shrinkage of the infected bullae and the criteria concerning the operation shifted from the continuous air aspiration of spontaneous pneumothorax are discussed in this paper.

## BRONCHOLITHIASIS. REPORT OF TWO CASES

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Two cases of broncholithiasis are reported. One of these is a 27-year-old female who had been suffering from hemoptysis for about ten years, in which two broncholiths were found at the time of operation. The other is a 22-year-old female who complained of persistent cough with purulent sputum, in which the diagnosis was made by expectoration of a broncholith.

Both patients had received treatment as tuberculosis at another hospital.

It is significant to differentiate broncholithiasis from bronchogenic carcinoma or other chronic, especially purulent pulmonary diseases.

## LUNG-STOMACH DOUBLE CANCER: A CASE REPORT.

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A case of lung-stomach double cancer was reported. Both cancers were confirmed successively by endoscopic method within a short term of hospitalization.

The patient was 66-year-old man whose chief complaint was cough and emaciation. His chest film on admission showed tumor densities on left side. A study of bronchial brushing smear from I-B<sub>5</sub> showed malignant cells and cornified squamous cell carcinoma was demonstrated on transthoracic needle biopsy specimen.

Abdominal discomfort urged a gastrointestinal fluoroscopy which suggested the presence of gastric tumor. Gastrofiberscopy revealed a scirrhus type stomach cancer situated in pyloric lesion.

The patient died of bronchopneumonia on forty third day of hospitalization. Post mortem examination showed that while both cancers were advanced ones, the invasion of lung cancer was confined within the thoracic cavity with no evidence of lymphogenic or hematogenic metastasis. On the other hand, stomach cancer was accompanied by an extensive lymphogenic metastasis spreading along the aorta as far as the level of tracheal bifurcation.

A review of literatures was also made concerning the mutual interference in spreading mode of double cancer.